

EDITORIAL

Health and well-being are considered the epicenter of life. The biopsychosocial model of health emphasizes on the symbiotic relationship between physical health, overall wellbeing and health behavior. All the theories of health behavior unequivocally indicate the significance of behavior contributing to health status. Matarazzo (1984) identified behavioral immunogens and behavioral pathogens related to health. They refer to the health protective behavior and health risk behavior. While we are very quick in identifying smoking, alcoholism and unprotected sex as major health risk behaviors, we are yet to add as much emphasis to certain new addictions that pose a major health problem. One of that is addiction to internet and the other being addiction to mobile phones. They are the 21st century health risk behaviors. When health connotes the status of physical, psychological and social functioning of the individual, addiction to social media is one that disrupts functioning at all three levels. Unlike other addictions, use of social media is now sine qua non for people across occupations. Hence de-addiction cannot aim for total abstinence. When absence of behavior is not advocated, setting the limits for the frequency and duration is a difficult task. Two articles of this issue focus on the problem of such addiction. This contemporary problem demands serious discussion and development of appropriate intervention measures.

The Indian population has a significant proportion of elderly persons. Indian culture is known for its affiliation orientation and the value it attaches to the wisdom and experience of the elderly. However, in the context of changes brought in by globalization, family and societal values related to the elderly also has changed. In this process whether the society and nation are losing out on the much-needed wisdom of experience needs to be examined. This issue of the journal has special focus on the care of the elderly.

One of the major commitments of the government is towards enhancing the health status of its citizens. The basic step towards this is to pay attention to maternal health. Very often the individual fails in total adherence to medical advice not because of poverty or complacency but because of low quality of communication between the care provider and the patient. The engagement of ASHA workers in rural India to attend to health needs, particularly of women and children has addressed this intense need. Their communication with expectant mothers seems to have filled the great void of communication gap, thereby the needs of maternal health. By focusing on this important aspect this issue of *Health Studies* has covered three major contemporary factors related to health.

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